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Revision: HCFA-PM-91-4

(BPD)

OMB No.: 0938-

August, 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

SECTION 2 - COVERAGE AND ELIGIBILITY

42 CFR 435.10 and Subpart J

Application, Determination of Eligibility and Furnishing Medicaid 2.1

> The Medicaid agency meets all requirements of 42 CFR Part (a) 435, Subpart J for processing applications, determining eligibility and furnishing Medicaid.

Approval Date 01/03/94 Effective Date 06/16/93 TN No. 93-04 Supersedes HCFA ID: 7982E TN No. 78-4

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2 CFR 435.914 1902(a)(34) of the Act	2:	(b)	(1)	Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the pian during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retro-ctive eligibility is specified in <u>ATTACHMENT 2.6-A</u>
1902(e)(8) and 1905(a) of the Act			(2)	For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under \$1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary.  ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act			(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with §1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
42 CFR 434.20	2.1 (c) The Medicaid agency elects to enter an HMO that is		fedicaid agency elects to enter into a risk contract with 10 that is	
			X	Qualified under Title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to \$1903(m)(3) of the Social Security Act.
			X	Not federally qualified, but meets the requirements of 42 CFR 434,20(c) and is defined in ATTACHMENT.2.1-A
				Not applicable
				<b>APR</b> 1 5 1007
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Revision:

HCFA-PM-91-6

(MB)

September, 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation

1902(a)(55) of the Act

2.1 (d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

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